

SUPERIOR COURT OF WASHINGTON  
COUNTY OF \_\_\_\_\_

IN THE MATTER OF: \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

TRIBE(S)/BAND(S) \_\_\_\_\_

LEGAL NO: \_\_\_\_\_

**NOTICE TO BUREAU OF INDIAN AFFAIRS  
(BIA)**

AREA OFFICE \_\_\_\_\_

## 1. NOTICE

Pursuant to the provision of the Indian Child Welfare Act, 25 U.S.C. 1912, and state law, you are hereby notified that the above-named Indian child is the subject of a child custody proceeding in the above entitled court. You are further notified that the following information cannot be determined:

- ☐ The identity/location of the child's parents
- ☐ The identity/location of the child's Indian custodian
- ☐ The identity of the child's Indian Tribe

## 2. INFORMATION ABOUT THE CHILD AND HIS/HER PARENTS

Child's full name: \_\_\_\_\_

Child's birth date: \_\_\_\_\_

Child's birth place: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Mother's married name(s): \_\_\_\_\_

Birthdate of mother: \_\_\_\_\_ Birthplace of mother: \_\_\_\_\_

Birthdate of father: \_\_\_\_\_ Birthplace of father: \_\_\_\_\_

Location of child's parents: \_\_\_\_\_

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Tribal affiliation of mother: \_\_\_\_\_; enrollment number: \_\_\_\_\_

Tribal affiliation of father: \_\_\_\_\_; enrollment number: \_\_\_\_\_

Tribal affiliation of child: \_\_\_\_\_; enrollment number: \_\_\_\_\_

Name of child's Indian custodian: \_\_\_\_\_

Location of child's Indian custodian: \_\_\_\_\_

Any additional information: \_\_\_\_\_

3. PLEASE NOTIFY THE CHILD'S PARENT(S) AND/OR INDIAN TRIBE THAT THE FOLLOWING  
LEGAL ACTION IS PENDING FOR THE ABOVE NAMED INDIAN CHILD:

☐ Dependency

☐ Involuntary termination of parental rights

☐ Guardianship

☐ Other: \_\_\_\_\_

Copies of the notices to the child's parents/Indian custodian and/or the child's Tribe are attached. Please forward the attached information to the parties specified in Section 1 above.

4. TIME, DATE AND LOCATION OF HEARING:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Court: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_  
(include area code)

DATE: \_\_\_\_\_ NAME \_\_\_\_\_

TITLE \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AGENCY TELEPHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_

**Attach copies of notices to the child's parent/Indian custodian and/or Tribe and copies of Ancestry Chart 04-220(X).**

**Send to the BIA**

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